

ForwardHealth Provider Portal DDE User Guide for Compound and Noncompound Drug Claims

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1 Submitting Compound and Noncompound Claims

Providers may use the ForwardHealth Portal to submit compound and noncompound claims directly to ForwardHealth using Direct Data Entry (DDE). Direct Data Entry is an online application that allows providers to submit claims for drugs and diabetic supplies directly to ForwardHealth.

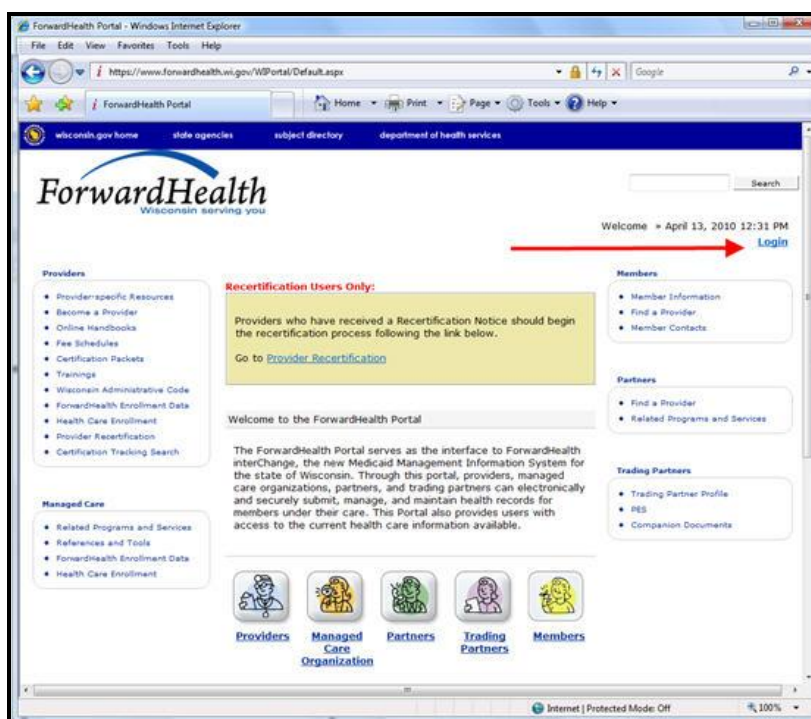
Direct Data Entry allows providers to conveniently perform the following functions:

- Submit compound and noncompound claims electronically.
- Submit adjustment requests for claims that are in "pay" status using the "adjust" button.
- Correct errors on claims submitted to ForwardHealth and resubmit them.
- Copy a previously submitted claim, alter it to reflect the new data, and resubmit it as a new claim.
- Search for and view status of all claims submitted to ForwardHealth.
- Reverse claims as a way to return overpayments to ForwardHealth.

Compound and noncompound claims can be submitted using the Compound\Noncompound Claim form available on the Portal **Claims** page.

1.1 Access the Claims Page

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>
2. From the Portal home page, click **Login**.



ForwardHealth Home Page

The **ForwardHealth Portal Login** box is displayed.



ForwardHealth Portal Login:

[Username](#)

[Password](#)

- [Logging in for the first time?](#)
- [Forgot your password?](#)
- [Account Users Guide](#)

Note: The login box can also be accessed by clicking the **Provider** button on the ForwardHealth home page.

3. Enter your username in the **Username** field.
4. Enter your password in the **Password** field.
5. Click **Go!**

The secure Provider Portal home page is displayed.



The screenshot shows the ForwardHealth Provider Portal home page. At the top, there's a navigation bar with links like 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header features the 'ForwardHealth' logo and 'interChange Provider' text. A welcome message says 'Welcome Prov1 UAT » November 18, 2008 12:52 PM' with a 'Logout' link. Below the header is a menu with tabs: 'Home', 'Search', 'Providers', 'Enrollment', 'Claims', 'Prior Authorization', 'HealthCheck', 'Max Fee Home', and 'Account'. A status bar indicates the user is logged in with NPI: 1437152345, Taxonomy Number: 282N00000X, Zip Code: 54305, and Financial Payer: Medicaid. The main content area is divided into sections: 'What's New?' with a 'What's New' icon and text about real-time applications; 'NEW Medicaid Electronic Health Record Incentive Payment Opportunity' with a list of links; 'Messages' showing '*** No rows found ***'; and 'Claims' with a table of claim data. On the right side, there's a 'Home Page' section with links like 'Update User Account', 'Customize Home Page', 'Demographic Maintenance', and 'Electronic Funds Transfer', and a 'Quick Links' section with links like 'Provider-specific Resources', 'Request Portal Access', 'Designate B35 Receiver', 'Online Handbooks', 'ForwardHealth Updates', 'Fee Schedules', 'Subscribe to Provider Notifications', 'Forms', 'Become a Provider', 'Certification Tracking Search', 'Admin Training Listing', 'Training Listing', 'Explanation of Benefits (EOBs)', and 'MAC'.

ICN	Member ID	From Date of Service	To Date of Service	Claim Type	Status	Amount Billed
2210153001014	4000078445	04/01/2010	04/03/2010	Pharmacy Claims	PAY	\$6000
2010167001017	2320000140	06/16/2010	06/16/2010	Pharmacy Claims	DENY	\$1

Secure Provider Portal Home Page


6. Click **Claims** on the main menu at the top of the page.

The Claims page is displayed.

Home Search Providers Enrollment **Claims** Prior Authorization Remittance Advices Trade Files HealthCheck

Max Fee Home Account Contact Information Online Handbooks Site Map

You are logged in with NPI: 1548345150, Taxonomy Number: 282N00000X, Zip Code: 53818, Financial Payer: Medicaid

 Claims

Claims

Claims Submission Options

Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- [Claim search](#)
- [Submit Dental Claim](#)
- [Submit Institutional Claim](#)
- [Submit Compound/Noncompound Claim](#)
- [Submit Professional Claim](#)
- [Submit WWP Breast Cancer Diagnostic and Follow Up Report](#)
- [Submit WWP Cervical Cancer Diagnostic and Follow Up Report](#)
- [Submit WWP Breast and Cervical Cancer Screening Activity Report](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services

Claims Page

All claims processing options are available from this page.

2 Submit a Compound/Noncompound Claim

To submit a Compound/Noncompound Claim:

1. In the **What would you like to do?** section of the Claims page, click **Submit Compound/Noncompound Claim**.

The **Compound/Noncompound Claim** form is displayed.

Compound/Noncompound Claim

Billing Information

ICN Patient Location*

Provider ID 1417040239 NPI Sub Clar Code* 0 - Not Specified

Member ID* Unit Dose* 0 - Not Specified

Last Name Copay Exempt

First Name, MI

Date of Birth

Prescriber ID*

Other Coverage Code 1 - No Other Coverage Identified

Prescription Information

Claim Type* Non-Compound

Prescription Number*

Date Dispensed*

Date Prescribed*

Refills* 0

Days Supply* 0

Dispense as Written* 0 - No Product Selection Indicated

Charges

Charges* \$0.00

Other Coverage Amount \$0.00

Patient Paid \$0.00

Dispensing Fee \$0.00

Total Payable Amount \$0.00

Diagnosis

Detail

Line Number	NDC	Quantity Dispensed	U&C
A 1		0	\$0.00

Type data below for new record.

Line Number 1 Quantity Dispensed* 0

NDC [Search] U&C* \$0.00

Delete Add Q

DUR

*** No rows found ***

Select row above to update -or- click Add button below.

DUR Sequence Reason for Service Code [Search]

Professional Service Code [Search] Result of Service Code [Search]

Level of Effort [Search]

Delete Add Q

Claim Status Information

Claim Status Not submitted yet

Submit Cancel

Compound/Noncompound Claim Form

This form is similar to the page that is displayed for an existing claim, except that the fields are blank with the exception of the **Provider ID** field, which is auto-populated.

Note: All fields that contain an asterisk (*) are mandatory fields.

2.1 Compound/Noncompound Claim Panel

The **Compound/Noncompound Claims** panel is used to enter the header information for a claim.

2. Enter information in the Compound/Noncompound Claim Panel at the top of the page.

The screenshot shows the 'Compound/Noncompound Claim' form. It is divided into three main sections: 'Billing Information', 'Prescription Information', and 'Charges'. The 'Billing Information' section includes fields for ICN, Provider ID (1417040239 NPI), Member ID*, Last Name, First Name, MI, Date of Birth, Prescriber ID*, and Other Coverage Code (1 - No Other Coverage Identified). The 'Prescription Information' section includes Claim Type* (Non-Compound), Prescription Number*, Date Dispensed*, Date Prescribed*, Refills* (0), Days Supply* (0), and Dispense as Written* (0 - No Product Selection Indicated). The 'Charges' section includes Charges* (\$0.00), Other Coverage Amount (\$0.00), Patient Paid (\$0.00), Dispensing Fee (\$0.00), and Total Payable Amount (\$0.00). A 'Diagnosis' link is visible at the bottom left.

Compound/Noncompound Claim Panel

Required fields are indicated with an asterisk (*).

Compound/Noncompound Claim Panel — Billing Information

In the Billing Information section at the top of the form, information cannot be entered in the **ICN** field. An Internal Control Number (ICN) will be automatically assigned when the claim is submitted. The **Provider ID** field will be auto-populated with the Provider ID the user is logged in with.

This close-up screenshot shows the 'Billing Information' section of the form. It includes fields for ICN, Patient Location*, Sub Clar Code* (0 - Not Specified), Unit Dose* (0 - Not Specified), Copay Exempt, and Other Coverage Code (1 - No Other Coverage Identified). The Provider ID field is pre-populated with '1437152345 NPI'.

3. **Member ID** — Enter the member ID. Do not enter any other numbers or letters.

Note: After entering the Member ID, click anywhere on the gray area of the panel and the Last Name, First Name, MI, and Date of Birth fields will auto-populate.

4. **Prescriber ID** — Enter the NPI of the provider who prescribed the drug or product covered by this claim.

5. **Other Coverage Code** - Use the drop down list to select the coverage code describing any other insurance claim involved in this prescription. ForwardHealth is usually the payer of last resort for program-covered services. (Refer to the ForwardHealth Online Handbook for more information.) Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).
6. **Patient Location** — Use the drop-down menu to enter the appropriate two-digit National Council for Prescription Drug Programs (NCPDP) patient location code for each drug billed.
7. **Sub Clar Code** — Use the drop-down menu to select the National Council for Prescription Drug Programs (NCPDP) Submission Clarification Code.

Note: An "8" must be submitted on all compound claims. This field is not used for WCDP claims.

8. **Unit Dose** — Enter a unit dose value for unit dose and non-unit dose drugs.
9. **Copay Exempt** — Select **4** to indicate that the claim **is exempt** from copayment. The value of 4 will not exempt SeniorCare or WCDP members from copayment requirements.

Compound Claim Information:

When submitting compound claims to ForwardHealth, three fields are required to contain information to ensure that the claim is processed as a compound drug claim. Indicate the following information in these fields:

- Select **Compound** in the **Claim Type** field in the Prescription Information section of the Claim panel.
 - Indicate an "8" in the **Sub Clar Code** field in the Billing Information section of the Claim panel.
 - Indicate a Level of Effort code in the **Level of Effort** field on the DUR panel.
-

Compound/Noncompound Claim Panel — Prescription Information

Prescription Information		Charges	
Claim Type*	Non-Compound ▾	Charges*	\$0.00
Prescription Number*	<input type="text"/>	Other Coverage Amount	\$0.00
Date Dispensed*	<input type="text"/>	Patient Paid	\$0.00
Date Prescribed*	<input type="text"/>	Dispensing Fee	\$0.00
Refills*	<input type="text" value="0"/>	Total Payable Amount	\$0.00
Days Supply*	<input type="text" value="0"/>		
Dispense as Written*	0 - No Product Selection Indicated ▾		

[Diagnosis](#)

Compound/Noncompound Claim Form-Right Column

10. **Claim Type — Noncompound** is the default value. For Compound claims for medication containing at least two ingredients use the drop-down menu to select **Compound**.

If the financial payer of the user is WCDP, selecting Compound will cause the form to become disabled.
11. **Prescription Number** — Enter the prescription number.
12. **Date Dispensed** — Enter the date the prescription was filled or refilled. When billing unit dose services, the last date of service in the billing period must be entered.
13. **Date Prescribed** — Enter the date shown on the prescription in MM/DD/CCYY format.
14. **Refills** — Enter the number of refills allowed for the prescription billed.
15. **Days Supply** — Enter the number of days the medication has been prescribed for the member. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").
16. **Dispensed as Written Code** — Use the drop-down menu to select the appropriate NCPDP Dispensed as Written (DAW) code.
17. **Charges** — Enter the total charge for the claim.
18. **Other Coverage Amount** — Enter the amount paid by commercial health insurance, if applicable. Providers may also include the Medicare-paid amount in this field for claims that fail to automatically crossover from Medicare to ForwardHealth within 30 days.
19. **Patient Paid** — When applicable for SeniorCare claims, enter the member's out-of-pocket expense due to other coverage, including Medicare Part B or D and/or commercial health insurance. Do not enter an expected copayment from Wisconsin Medicaid, BadgerCare Plus, or SeniorCare.

Dispensing Fee and **Total Payable Amount** will be automatically calculated after submission.

2.2 Diagnosis Panel

20. Click the **Diagnosis** link at the bottom of the Compound/Noncompound Claim panel.

Compound/Noncompound Claim

Billing Information

ICN 5910215001001 Patient Location* 0 - Not Specified
Provider ID 1417040239 NPI Sub Clar Code* 0 - Not Specified
Member ID* 5550152229 Unit Dose* 0 - Not Specified
Last Name MADE Copay Exempt 4
First Name, MI REDDI
Date of Birth 02/15/1967
Prescriber ID* 1417040239
Other Coverage Code 1 - No Other Coverage Identified

Prescription Information

Claim Type* Non-Compound
Prescription Number* 0114534
Date Dispensed* 07/28/2010
Date Prescribed* 07/28/2010
Refills* 0
Days Supply* 23
Dispense as Written* 0 - No Product Selection Indicated

Charges

Charges* \$5.00
Other Coverage Amount \$0.00
Patient Paid \$0.00
Dispensing Fee \$0.00
Total Payable Amount \$0.00

Diagnosis

The Diagnosis panel will expand.

Diagnosis

Diagnosis

Diagnosis Description

A

Type data below for new record.

Diagnosis* [Search]

Delete Add

Diagnosis Panel

21. Click **Add**.

A row will be added to the top of the panel and the fields will become active to allow information to be entered.

22. **Diagnosis** — Enter a diagnosis code from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) coding structure. Refer to the Pharmacy page of the ForwardHealth Online Handbook for more information about covered services and reimbursement.

Enter the diagnosis code without the decimal point. For example, for ICD-9-CM Diagnosis Code 041.00, the number 04100 should be entered. This field is required when billing for any drug within the compound in which ForwardHealth requires a diagnosis.

If you do not know the code and need to search for it:

- Click the **Search** link to the right of the field.

The **Diagnosis Search** panel will be displayed.

Diagnosis	Description
04100	INFECTION STREPTOCOC UNSPEC
04101	INFECTION STREPTCOC GRP A
04102	INFECTION STREPTCOC GRP B
04103	INFECTION STREPTCOC GRP C
04104	INFECTION STREPTCOC GRP D
04105	INFECTION STREPTCOC GRP G
04109	INFECTION STREPTCOC OT
04110	INFECTION STAPHYLOC UNSPEC
04119	INFECTION STAPHYLOC OT
04184	INFECTION ANAEROBE OT

Diagnosis Search Panel

- b. Click the row for the diagnosis code that applies to the claim.

The Diagnosis Search panel will close and the diagnosis code will be added to the panel.

Diagnosis	Description
A 04100	INFECTION STREPTOCOC UNSPEC

Up to five diagnosis codes can be entered for a claim.

Note: A partial description may be entered as long as the first word of the description is used.

To add more diagnosis codes to the claim, click the **Add** button and enter the necessary information for each diagnosis to be added. Providers may enter up to five diagnosis codes per claim. Once five diagnosis codes have been entered, the **Add** button will be disabled until a previously added detail is deleted.

The **Delete** button can be used to delete a line item after selecting it from the top of the panel.

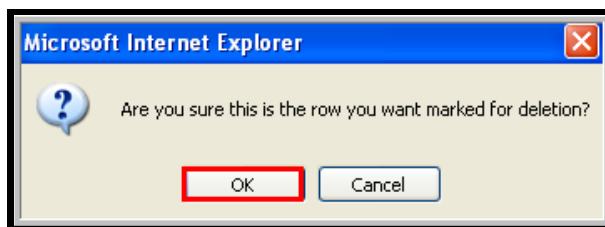
To delete a line from the **Diagnosis** list:

- a. At the top of the panel, click the row with the diagnosis code you wish to delete.

Diagnosis	Description
V700	ROUTINE MEDICAL EXAM

- b. Click **Delete** to remove it.

The following error message will be displayed:



- c. Click **OK** to remove the selected line.

2.3 Detail Panel

Compound claims **require** at least **two** details and may have up to 25. Noncompound claims contain one detail. Once the limit is reached, the Add button will be disabled and no other details can be added.

A screenshot of the "Detail" panel. It contains a table with columns: Line Number, NDC, Quantity Dispensed, and U&C. The first row is highlighted in yellow and contains the values: A, 1, 0, \$0.00. Below the table, there are input fields for "Line Number" (set to 1), "NDC", "Quantity Dispensed*" (set to 0), and "U&C*" (set to \$0.00). There are also "Search" and "Delete" buttons. A "Add Q" button is visible in the bottom right corner.

Detail Section

The **Line Number** field is auto-populated with the number of the detail currently being added.

23. Enter the National Drug Code for the dispensed drug in the **NDC**.

If you don't know the number, click the **Search** link next to the field.

The **NDC** search panel will be displayed.

A screenshot of the "NDC" search panel. It has a title bar with "NDC" and a "[Close]" button. Inside, there is a "Search" section with input fields for "NDC" and "Label Name", and buttons for "search" and "clear". Below this, there is a message: "Please refer to the [ForwardHealth Drug Search Tool](#) for covered drug information." At the bottom, there is a "Search Results" section with the text "*** No rows found ***".

- a. Enter a whole or partial label name of the drug into the Label Name field.
b. Click **Search**.

The results of the search will be displayed in the Search Results panel.

NDC	Label Name
55289091130	PLAVIX 75
58864074830	PLAVIX 75
63629159803	PLAVIX 75
63653117101	PLAVIX 75
63653117103	PLAVIX 75
63653117104	PLAVIX 75
63653117105	PLAVIX 75
63653117106	PLAVIX 75
63653133202	PLAVIX 300
63653133203	PLAVIX 300

- c. Click the row containing the specific drug.

The NDC panel will close and the NDC field on the Detail panel will be populated with the code for the selected drug.

Line Number	NDC	Quantity Dispensed	U&C
1	63653-1171-04	1.000	\$10.00

24. In the **Quantity Dispensed** field of the Detail panel, enter the metric decimal quantity reflecting the total number of compound units dispensed.

25. Enter the charges for this detail in the **U&C** (Usual and Customary) field.

To add more details for a compound claim, click the **Add** button and enter the necessary information for each detail to be added. Providers may enter up to 25 detail lines per compound claim. Once 25 details have been entered, the **Add** button will be disabled until a previously added detail is deleted.

The **Delete** button can be used to delete a detail after selecting it from the top of the panel.

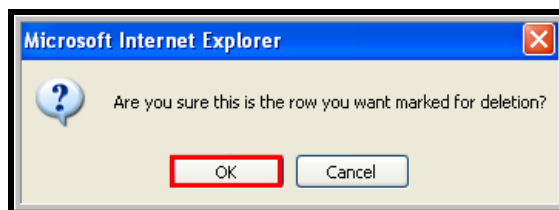
To delete a line from the list of details:

- a. At the top of the panel, click the row with the detail you wish to delete.

Line Number	NDC	Quantity Dispensed	U&C
1	64764-0301-14	30.000	\$30.00

- b. Click **Delete** to remove it.

The following error message will be displayed:



- c. Click **OK** to remove the selected line.

2.4 DUR Panel

A Noncompound claim can have up to two DUR sequences. A Compound claim may only have one DUR sequence.

A screenshot of the 'DUR' panel. At the top is a table with columns: 'DUR Sequence', 'Reason for Service Code', 'Professional Service Code', 'Result of Service Code', and 'Level Of Effort'. Below the table, there's a section titled 'Type data below for new record.' with input fields for 'DUR Sequence', 'Reason for Service Code*', 'Professional Service Code*', 'Result of Service Code*', and 'Level Of Effort'. Each input field has a '[Search]' button next to it. At the bottom right are 'Delete' and 'Add Q' buttons.

To add a DUR segment to the claim:

26. Click the **Add** button on the DUR panel.

A row will be added to the top of the panel and the fields will become active to allow information to be entered. The **DUR Sequence** field will auto-populate with the number **1**, or the subsequent number for each DUR Sequence added.

For every sequence that is added, information is required in all the fields except Level of Effort.

Note: All the fields on this panel have search boxes that allow you to search for the specific National Council for Prescription Drug Programs (NCPDP) values to enter. Clicking on the Search link will display a panel that allows you to enter a description on which to search. To search for a listing of all the available codes and their descriptions, leave the fields blank and click **Search**.

A screenshot of the 'Professional Service Code' search panel. It has a title bar 'Professional Service Code' and a '[Close]' button. Below the title bar is a 'Search' section with two input fields: 'NCPDP Professional Service' and 'Description'. There are 'search *' and 'clear' buttons. Below the search section is a 'Search Results' section with a table. The table has two columns: 'NCPDP Professional Service' and 'Description'. The table lists various codes and their descriptions. At the bottom right of the table is a pagination link '1 2 Next >'.

NCPDP Professional Service	Description
00	No intervention
AS	Patient assessment
CC	Coordination of care
DE	Dosing evaluation/determination
FE	Formulary enforcement
GP	Generic product selection
M0	Prescriber consulted
MA	Medication administration
MR	Medication review
P0	Patient consulted

27. **Professional Service Code** — Enter the NCPDP code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.
28. **Level of Effort** — Enter the NCPDP code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.
29. **Reason for Service Code** — Enter the NCPDP code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.
30. **Result of Service Code** — Enter the NCPDP code reflecting the action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service

The **Delete** button can be used to delete a line item after selecting it from the top of the panel.

To delete a DUR sequence:

- a. At the top of the panel, click the row with the DUR sequence you wish to delete.

DUR Sequence	Reason for Service Code	Professional Service Code	Result of Service Code	Level of Effort
1	AD	M0	1A	11

DUR Sequence: 1 Reason for Service Code*: AD [Search]

Professional Service Code*: M0 [Search]

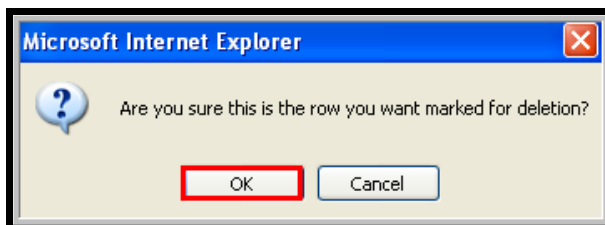
Level of Effort: 11 [Search]

Type changes below.
Reason for Service Code*: AD [Search]
Result of Service Code*: 1A [Search]

Delete Add Q

- b. Click **Delete** to remove it.

The following error message will be displayed:



- c. Click **OK** to remove the selected line.

2.5 Submitting the Claim

Claim Status Information

Claim Status Not submitted yet

Submit Cancel

Claim Status Information Panel

31. Check that all required fields are populated on the panels in which information has been entered.

32. To submit the claim for processing, click **Submit** on the **Claim Status Information** panel.

- If there is a problem and the claim does not process, an ICN will not be assigned. An error message will be displayed at the top of the panel indicating what needs to be corrected and the relevant fields will be highlighted in yellow.

The following messages were generated:

Date Prescribed is required.

Compound/Noncompound Claim

Billing Information

ICN	2210179001013	Patient Location*	1 - Home
Provider ID	1437152345 NPI	Sub Clar Code*	0 - Not Specified
Member ID*	1160000067	Unit Dose*	2 - Manufacturer Unit Dos
Last Name	REHMDW	Copay Exempt	
First Name, MI	ERICA		
Date of Birth	01/01/1976		
Prescriber ID*	1467454678		
Other Coverage Code	2 - Other Coverage Exists— Payment Collected		

Prescription Information

Claim Type*	Non-Compound
Prescription Number*	6851455
Date Dispensed*	06/18/2010
Date Prescribed*	
Refills*	1
Days Supply*	30
Dispense as Written*	0 - No Product Selection Indicated

Charges

Charges*	\$100.00
Other Coverage Amount	\$50.00
Patient Paid	\$25.00
Dispensing Fee	\$0.00
Total Payable Amount	\$0.00

Error message and location

- If the claim processes, an ICN will be assigned and the claim status will be displayed. A new panel, **EOB Information**, will also be displayed explaining how the claim was processed by ForwardHealth.

Claim Status Information

Claim Status	PAY
Claim ICN	2210180001007
Paid Date	06/29/2010
Paid Amount	\$3.46

EOB Information

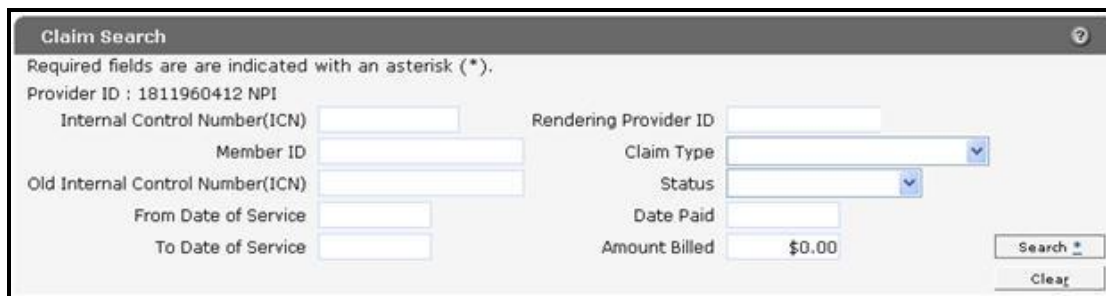
Detail Number	Code	Description
0	9000	Pricing Adjustment - The submitted charge exceeds the allowed charge. Claim paid at the program allowed amount.
0	9813	Pricing Adjustment - Traditional dispensing fee applied.
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
1	9908	Pricing Adjustment - Pharmacy pricing applied.

Reversal Cgpy claim Cancel Adjust W

Note: There is no 'Save' feature on any of the Claims Submission pages. If the claim is not submitted successfully and assigned an ICN, all information will be lost.

3 Claims Search

1. In the **What would you like to do?** section of the Claims page, click **Claim search**.
The **Claim Search** panel will be displayed.



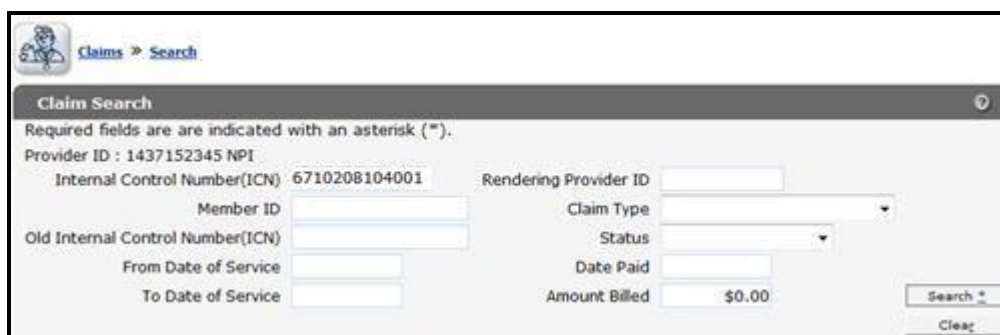
Claim Search Panel

There are no required fields on the Claims Search panel, but at least one field must be populated in order to conduct a search.

3.1 Search by ICN

The most direct method of searching for a claim is by Internal Control Number (ICN).

2. From the **Claims Search** page, enter a valid ICN in the **ICN** field.



Claim Search Panel Using an ICN

3. Click **Search**.
Since a specific ICN was entered, the claim related to that ICN will be displayed.

Compound/Noncompound Claim			
Billing Information			
ICN	6710208104001	Patient Location*	0 - Not Specified
Provider ID	1417040239 NPI	Sub Clar Code*	0 - Not Specified
Member ID*	5550152229	Unit Dose*	0 - Not Specified
Last Name	MADE	Copay Exempt	
First Name, MI	REDDI		
Date of Birth	02/15/1967		
Prescriber ID*	1922091149		
Other Coverage Code	1 - No Other Coverage Identified		
Prescription Information		Charges	
Claim Type	Compound	Charges*	\$100.00
Prescription Number*	12345	Other Coverage Amount	\$0.00
Date Dispensed*	07/11/2010	Patient Paid	\$0.00
Date Prescribed*	07/11/2010	Dispensing Fee	\$21.89
Refills*	0	Total Payable Amount	\$20.89
Days Supply*	1		
Dispense as Written*	0 - No Product Selection Indicated		
Diagnosis			
Detail			
Line Number	NDC	Quantity Dispensed	U&C
1	00186-0370-28	10.000	\$10.00
2	00002-0104-02	1.000	\$10.00
Select row above to update -or- click Add button below.			
Line Number	Quantity Dispensed		
NDC	[Search]	U&C	
Delete Add Q			
DUR			
DUR Sequence	Reason for Service Code	Professional Service Code	Result of Service Code
1			
Select row above to update -or- click Add button below.			
DUR Sequence	Reason for Service Code	Professional Service Code	Result of Service Code
1			
Level of Effort*	[Search]	Result of Service Code	[Search]
Delete Add Q			
Adjustment Information			
Original ICN	Date Adjusted	Claim Status	
2210204001006	07/27/2010	PAY	
Claim Status Information			
Claim Status	PAY		
Claim ICN	6710208104001		
Paid Date			
Paid Amount	\$20.89		
EOB Information			
Detail Number	Code	Description	
0	9908	Pricing Adjustment - Pharmacy pricing applied.	
0	9000	Pricing Adjustment - The submitted charge exceeds the allowed charge. Claim pai	
1	9812	Pricing Adjustment - Level of effort dispensing fee applied.	
1	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.	
2	1356	National Drug Code (NDC) is invalid for the Dispense Date of Service.	
Reversal Copy claim Cancel Adjust W			

Compound/Noncompound Claim Page

3.2 Other Searches

A search by any other field in the claims search panel may return one claim, as shown above, or multiple claims. You can search by any single field in the Claims Search panel. For example, if you wanted to review all your pharmacy claims, you can use the drop-down list in the **Claim Type** field to select **P - Pharmacy Claims** and clicking search. That would return all of those claims. The Claim Type can be paired with **Dates of Service** to view all claims for a specific period of time.

Other useful searches include searching by a member's name or Member ID. The following shows the results of a search by **Member ID**.

Note: It is usually best to start with a broad search with only one or two parameters and then add other parameters if it is necessary to narrow your search results.

1. In the **Claim Search** panel, enter a member's ForwardHealth ID in the **Member ID** field.

The screenshot shows the 'Claim Search' panel with the following fields and values:

- Provider ID : 33210400 MCD
- Internal Control Number(ICN): [Empty]
- Rendering Provider ID: [Empty]
- Member ID: 5550100597
- Claim Type: [Dropdown menu]
- Old Internal Control Number(ICN): [Empty]
- Status: [Dropdown menu]
- From Date of Service: [Empty]
- Date Paid: [Empty]
- To Date of Service: [Empty]
- Amount Billed: \$0.00
- Buttons: Search, Clear

2. Click **Search**.
 - If only one result is returned, the claim will be displayed as in the example above of searching by ICN.
 - If more than one claim is found, all claims that match the search criteria will be displayed in the **Search Results** panel.

The screenshot shows the 'Search Results' panel with a table of search results. The table has the following columns: ICN/Old ICN, Member ID, Member First Name, Member Last Name, From Date of Service, To Date of Service, Claim Type, Status, Date Paid, and Amount Billed.

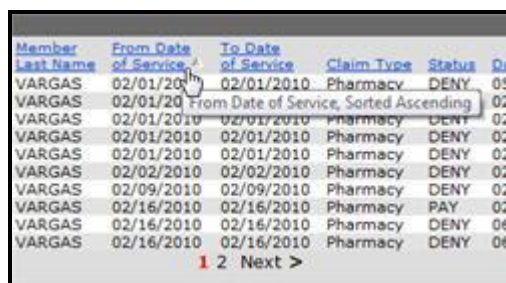
ICN/Old ICN	Member ID	Member First Name	Member Last Name	From Date of Service	To Date of Service	Claim Type	Status	Date Paid	Amount Billed
2210179001020	5550100597	GARY	VARGAS	02/16/2010	02/16/2010	Pharmacy	DENY	06/28/2010	\$26.00
5910179001003	5550100597	GARY	VARGAS	02/16/2010	02/16/2010	Pharmacy	DENY	06/28/2010	\$26.00
2010035001036	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	05/28/2010	\$44.00
2010062001025	5550100597	GARY	VARGAS	02/24/2010	02/24/2010	Pharmacy	DENY	03/03/2010	\$7.00
5910050001004	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02/19/2010	\$26.00
2010048001027	5550100597	GARY	VARGAS	02/16/2010	02/16/2010	Pharmacy	PAY	02/17/2010	\$26.00
2010048001026	5550100597	GARY	VARGAS	02/09/2010	02/09/2010	Pharmacy	DENY	02/17/2010	\$7.00
2010036001004	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	PAY	02/05/2010	\$26.00
2010035001007	5550100597	GARY	VARGAS	02/02/2010	02/02/2010	Pharmacy	DENY	02/04/2010	\$5.00
2010035001009	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02/04/2010	\$7.00

1 2 Next >

Search Results Panel

3.3 Sorting the Search Results

The search results can be sorted by column by clicking on the column heading. For example, to sort the results by the From Date of Service click **From Date of Service**.



Member Last Name	From Date of Service	To Date of Service	Claim Type	Status	Da
VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	05
VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02
VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02
VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02
VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02
VARGAS	02/02/2010	02/02/2010	Pharmacy	DENY	02
VARGAS	02/09/2010	02/09/2010	Pharmacy	DENY	02
VARGAS	02/16/2010	02/16/2010	Pharmacy	PAY	02
VARGAS	02/16/2010	02/16/2010	Pharmacy	DENY	06
VARGAS	02/16/2010	02/16/2010	Pharmacy	DENY	06

1 2 Next >

Click the column heading once to sort the results in ascending order. Click a second time to sort the results in descending order.

The **Search Results** panel will display ten records at a time. To see more claims, click **Previous**, **Next**, or one of the page numbers listed at the bottom of the panel.



ICN/Old ICN	Member ID	Member First Name	Member Last Name	From Date of Service	To Date of Service	Claim Type	Status	Date Paid	Amount Billed
2010035001036	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	05/28/2010	\$44.00
2010036001004	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	PAY	02/05/2010	\$26.00
2010035001009	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02/04/2010	\$7.00
2010035001012	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02/04/2010	\$7.00
5910050001004	5550100597	GARY	VARGAS	02/01/2010	02/01/2010	Pharmacy	DENY	02/19/2010	\$26.00
2010035001007	5550100597	GARY	VARGAS	02/02/2010	02/02/2010	Pharmacy	DENY	02/04/2010	\$5.00
2010048001026	5550100597	GARY	VARGAS	02/09/2010	02/09/2010	Pharmacy	DENY	02/17/2010	\$7.00
2010048001027	5550100597	GARY	VARGAS	02/16/2010	02/16/2010	Pharmacy	PAY	02/17/2010	\$26.00
2210179001020	5550100597	GARY	VARGAS	02/16/2010	02/16/2010	Pharmacy	DENY	06/28/2010	\$26.00
5910179001003	5550100597	GARY	VARGAS	02/16/2010	02/16/2010	Pharmacy	DENY	06/28/2010	\$26.00

1 2 Next >

Search Results Panel

- To view a particular claim, click anywhere on the row to select it from the list.
- The selected claim will be displayed.

4 Claim Status Information

To check on a previously submitted claim,

1. Return to the **Claims** home page.
2. In the **What would you like to do?** section of the page, click **Claim Search**.
3. Follow the procedure above to [search for a claim](#).
4. When the selected claim is displayed, scroll down to the bottom of the page.

The **Claim Status Information** and **EOB** panels will be displayed. The **Claim Status Information** panel will contain different information depending on the status of the claim.

The **EOB Information** panel will display the Explanation of Benefits (EOB) information related to the claim status. A Detail Number of '0' reflects a header EOB which pertains to the entire claim.

4.1 Claim In “Pay” Status

The screenshot shows two panels. The top panel, titled 'Claim Status Information', contains the following fields: Claim Status: PAY, Claim ICN: 2210180001007, Paid Date: 06/29/2010, and Paid Amount: \$3.46. The bottom panel, titled 'EOB Information', contains a table with the following data:

Detail Number	Code	Description
0	9000	Pricing Adjustment - The submitted charge exceeds the allowed charge. Claim paid at the program allowed amount.
0	9813	Pricing Adjustment - Traditional dispensing fee applied.
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
1	9908	Pricing Adjustment - Pharmacy pricing applied.

At the bottom of the EOB panel, there are four buttons: Reversal, Copy claim, Cancel, and Adjust.

Claims Status Information Panel and EOB Panel for Claim in “Pay” Status

The **Paid Date** field shows the date of the financial cycle the claim was assigned to (usually a Friday) and date the payment was processed. A Paid Date of '0' (or blank Paid Date field), means the claim has not yet been processed through a financial cycle. No action is needed by the provider. A paid date will be assigned when the claim completes the financial cycle processing.

Only claims in a “Pay” status can be copied or adjusted. Either function can be performed by clicking one of the buttons on the claims entry screen which are only available when a paid claim is viewed.

When the claim is in a **Pay** status, a series of buttons will be displayed at the bottom of the EOB panel. These functions are discussed in detail elsewhere in this guide:

- [Reversal](#) — Used to undo a paid claim. This function can be performed on any paid claim that has not been previously adjusted or reversed.
- [Adjust](#) — Used to make adjustments to the claim.

Note: If a claim has been previously adjusted, the Reversal and Adjust buttons will not appear.

- [Copy Claim](#) — Used to copy the information on the current claim in order to submit another similar claim.

- **Cancel** — Used to cancel any changes made to the claim since the last submission. This button is only used to cancel editing made to the claim—it does not cancel the claim out of our system (see Reversal).

4.2 Claim Denied

Claim Status Information		
Claim Status	DENY	
Claim ICN	2208316001011	
Denied Date	11/14/2008	
Paid Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
0	0962	Member does not have commercial insurance for the Date(s) of Service.
1	0000	Please contact Provider Services.
1	0068	Procedure Code is not payable for SeniorCare participants.

Claims Status Information Panel and EOB Panel for Denied Claim

4.3 Claim Suspended

Claim Status Information		
Claim Status	SUSPEND	
Claim ICN	2208290001008	
Paid Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
0	0152	The sum of the Medicare paid, deductible(s), coinsurance and copayment amounts

Claims Status Information Panel and EOB Panel for Suspended Claim

A status of Suspended means the claim is awaiting further review by ForwardHealth before a decision is made on how the claim will be adjudicated.

4.4 Adjustment Information Panel

On claims that involve an adjustment, the **Adjustment Information** panel will be displayed above the Claims Status Information panel.

- On the original claim, the panel will display the ICN of the claim that is the result of the adjustment, along with the date the adjustment was made and the claim status.

The screenshot shows the 'Adjustment Information' panel at the top, which contains a table with columns 'Adjustment ICN', 'Date Adjusted', and 'Claim Status'. The first row shows '5910198001009', '07/17/2010', and 'PAY'. The 'Adjustment ICN' is circled in red. Below this is the 'Claim Status Information' panel, which displays 'Claim Status: PAY', 'Claim ICN: 2210198001015', 'Paid Date: 07/23/2010', and 'Paid Amount: \$0.03'. At the bottom is the 'EOB Information' panel, which is a table with columns 'Detail Number', 'Code', and 'Description'. It lists three items: a pricing adjustment for pharmacy pricing, a pricing adjustment for copayment, and a denied dispensing fee. At the bottom right are 'Copy claim' and 'Cancel' buttons.

Adjustment Information		
Adjustment ICN	Date Adjusted	Claim Status
5910198001009	07/17/2010	PAY

Claim Status Information	
Claim Status	PAY
Claim ICN	2210198001015
Paid Date	07/23/2010
Paid Amount	\$0.03

EOB Information		
Detail Number	Code	Description
0	9908	Pricing Adjustment - Pharmacy pricing applied.
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
0	9000	Pricing Adjustment - The submitted charge exceeds the allowed charge. Claim pai
1	0361	Dispensing fee denied. Only two dispensing fees per month, per member are allow

- On the claim that was the result of an adjustment, the panel will display the ICN of the original claim, along with the date the adjustment was made and the claim status.

The screenshot shows the 'Adjustment Information' panel at the top, which contains a table with columns 'Original ICN', 'Date Adjusted', and 'Claim Status'. The first row shows '2210198001015', '07/17/2010', and 'PAY'. The 'Original ICN' is circled in red. Below this is the 'Claim Status Information' panel, which displays 'Claim Status: PAY', 'Claim ICN: 5910198001009', 'Paid Date: 07/23/2010', and 'Paid Amount: \$0.03'. At the bottom is the 'EOB Information' panel, which is a table with columns 'Detail Number', 'Code', and 'Description'. It lists three items: a pricing adjustment for pharmacy pricing, a pricing adjustment for copayment, and a denied dispensing fee. At the bottom right are 'Reversal', 'Copy claim', 'Cancel', and 'Adjust W' buttons.

Adjustment Information		
Original ICN	Date Adjusted	Claim Status
2210198001015	07/17/2010	PAY

Claim Status Information	
Claim Status	PAY
Claim ICN	5910198001009
Paid Date	07/23/2010
Paid Amount	\$0.03

EOB Information		
Detail Number	Code	Description
0	9908	Pricing Adjustment - Pharmacy pricing applied.
0	9000	Pricing Adjustment - The submitted charge exceeds the allowed charge. Claim pai
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
1	0361	Dispensing fee denied. Only two dispensing fees per month, per member are allow

- Clicking on the row that displays in either Adjustment Information panel will open the information page for that claim number. This allows users to switch between the claims to see how the related claim processed.

5 Resubmitting a Denied Claim

Denied claims can be re-submitted at anytime. Any claim that is in a status of "Deny" will have a re-submit button at the bottom of the panel.

To resubmit a denied claim:

1. Return to the **Claims** page and follow the procedure to [search for a claim](#).

Note: If you already have the claim open, you can make your changes on the open claim.

The **Claim Status Information** and **EOB Information** panels will be displayed at the bottom of the page.

The screenshot shows two panels. The top panel, titled "Claim Status Information", contains the following fields: Claim Status (DENY), Claim ICN (2208318001006), Denied Date (11/14/2008), and Paid Amount (\$0.00). The bottom panel, titled "EOB Information", contains a table with the following data:

Detail Number	Code	Description
1	0794	Procedure not allowed for the CLIA Certification Type.

At the bottom right of the panels are two buttons: "re-submit" and "Cancel".

Claim Status Information Panel and EOB Information Panel

- The **Claim Status Information** panel will show the claim status (DENY), the ICN number, the date of denial and the amount, if any, that was paid.
 - The **EOB Information** panel will display the Explanation of Benefits code and description regarding the claim denial.
2. Make any corrections or enter any new information in the claim panels above.
 3. After the new information is entered, click **re-submit** at the bottom of the panel to resubmit the claim.
 - If there is a problem and the claim does not process, an ICN will not be assigned and an error message will be displayed at the top of the panel indicating what needs to be corrected.
 - If the claim processes, an ICN will be assigned and the claim status will be displayed. The EOB Information panel will also be displayed explaining how the claim was processed by ForwardHealth.

6 Adjusting a Claim

After reviewing both the claim and ForwardHealth remittance information, a provider may determine that a paid claim needs to be adjusted. An adjustment request can be easily submitted through the ForwardHealth Portal for a multiple of reasons including the following:

- To correct billing or processing errors.
- To correct inappropriate payments (overpayments and underpayments).
- To add and delete services.
- To supply additional information that may affect the amount of reimbursement.
- To request professional consultant review (e.g., medical, pharmacy).

Any claim that is in a status of "Pay" can be adjusted and resubmitted on the Portal regardless of how the claim was originally submitted. Each claim submission and adjustment request will be assigned a unique claim number (ICN) by ForwardHealth.

Each unique ICN can only be adjusted once. For that reason, if an additional adjustment is needed, the adjustment must be made to the second claim number that was the result of the adjustment and has a new ICN. That claim must also be in a paid status in order for it to be eligible to be adjusted again.

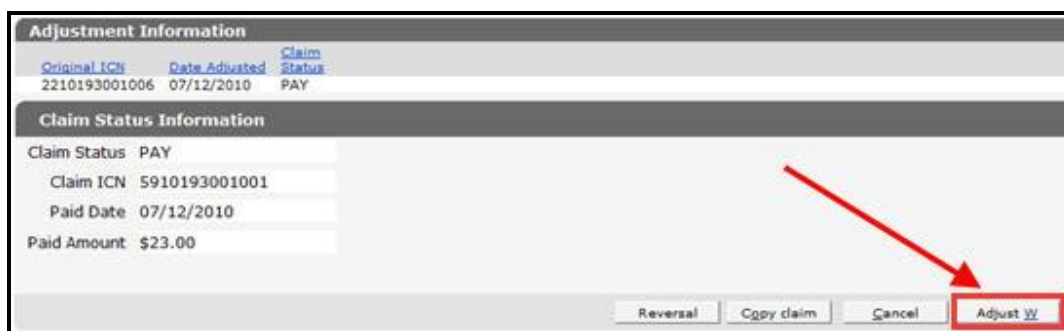
Note: For both adjustments and reversals, the submission buttons will not be present on a claim which cannot be adjusted. A previously adjusted ICN will not have the **Reversal** or **Adjust** buttons present on the claim panel.

To adjust a claim:

1. Return to the **Claims** page and follow the procedure to [search for a claim](#).

Note: If you already have the claim open, you can make your changes on the open claim.

2. When the selected claim is displayed, make the desired changes on the claim form.
3. Scroll to the bottom of the claim's panel.



Adjustment Information		
Original ICN	Date Adjusted	Claim Status
2210193001006	07/12/2010	PAY

Claim Status Information	
Claim Status	PAY
Claim ICN	5910193001001
Paid Date	07/12/2010
Paid Amount	\$23.00

Buttons: Reversal, Copy claim, Cancel, **Adjust W**

Adjust Claim Button

4. Click the **Adjust** button to submit the adjustments.

A new ICN will be assigned to the claim, along with the claim response (paid, denied, suspended), paid amount and Explanation of Benefits information.

- If there is a problem and the claim does not process, an ICN will not be assigned and an error message will be displayed at the top of the panel indicating what needs to be corrected.
- If the claim processes, an ICN will be assigned and the claim status will be displayed. The EOB Information panel will also be displayed explaining how the claim was processed by ForwardHealth.

7 Reversing a Claim

Providers may reverse claims on the ForwardHealth Portal. A reversal is a request to recoup funds for a claim that has already been paid. Once a claim is reversed, it cannot be adjusted.

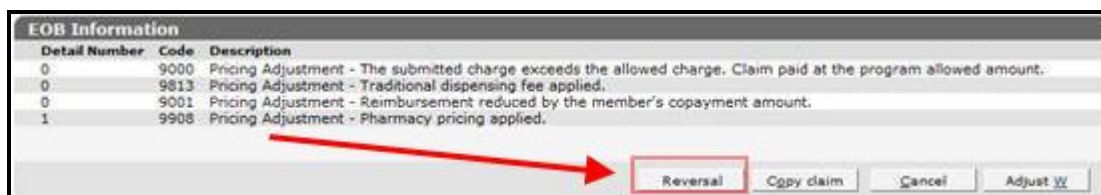
Reversals can be performed on any paid claim with an ICN that has not been previously adjusted or reversed.

To reverse a claim:

1. Return to the **Claims** page and follow the procedure to [search for a claim](#).

Note: If you already have the claim open, you can make your changes on the open claim.

2. Scroll to the bottom of the claim's panel.



Detail Number	Code	Description
0	9000	Pricing Adjustment - The submitted charge exceeds the allowed charge. Claim paid at the program allowed amount.
0	9813	Pricing Adjustment - Traditional dispensing fee applied.
0	9001	Pricing Adjustment - Reimbursement reduced by the member's copayment amount.
1	9908	Pricing Adjustment - Pharmacy pricing applied.

Buttons: **Reversal** (highlighted with a red box and a red arrow), Copy claim, Cancel, Adjust W

Reverse Claim Button

Note: The **Reversal** or **Adjust** buttons will not be present on a claim which cannot be adjusted.

3. Click the **Reversal** button.

The EOB panel will disappear and the Claim Status Information will show a status of Deny.



Claim Status Information	
Claim Status	DENY
Claim ICN	5910096001001
Denied Date	04/06/2010
Total Payable Amount	\$0.00

Buttons: re-submit, Cancel

8 Copying a Claim

Claims may be copied if they are in a status of **Pay**.

To copy a claim,

1. Return to the **Claims** page and follow the procedure to [search for a claim](#).

Note: If you already have the claim open, you can make your changes on the open claim.

2. When the selected claim is displayed, scroll to the bottom of the Claim panel.

The screenshot displays a web interface for a claim. At the top, there is a section titled 'Adjustment Information' with a table containing three columns: 'Original ICN', 'Date Adjusted', and 'Claim Status'. The first row shows '2210193001006', '07/12/2010', and 'PAY'. Below this is a section titled 'Claim Status Information' with a table containing four rows: 'Claim Status' (PAY), 'Claim ICN' (5910193001001), 'Paid Date' (07/12/2010), and 'Paid Amount' (\$23.00). At the bottom of the panel, there are four buttons: 'Reversal', 'Copy claim', 'Cancel', and 'Adjust W'. A red arrow points to the 'Copy claim' button, which is highlighted with a red box.

Copy Claim Button

3. Click the **Copy claim** button.

All of the information on the claim will be copied over to a new claim form with a blank ICN.

4. Make any desired changes to the claim form, and click **Submit**.

The claim will be submitted as a new claim.

- If there is a problem and the claim does not process, an ICN will not be assigned and an error message will be displayed at the top of the panel indicating what needs to be corrected.
- If the claim processes, an ICN will be assigned and the claim status will be displayed. The EOB Information panel will also be displayed explaining how the claim was processed by ForwardHealth.